

BRITISH COOPERATIVE CLINICAL GROUP*

1960 GONORRHOEA STUDY†

This is the fourth Study of the British Cooperative Clinical Group concerning gonorrhoea. The first (*Brit. J. vener. Dis.*, **32**, 21–26, 1956) considered the race, occupation, and other characteristics of patients with gonorrhoea treated in 1954. The second (*Brit. J. vener. Dis.*, **36**, 233–240, 1960) was concerned with the country of origin of patients treated for gonorrhoea during the years 1952, 1955, and 1958. In the third (*Brit. J. vener. Dis.*, **36**, 216–232, 1960) the age groups of patients treated for gonorrhoea during the years 1957 and 1958 were analysed. The current study presents both the country of origin and the age group of 23,414 male and 6,253 female patients treated for gonorrhoea in the venereal diseases clinics of England and Wales and of Scotland during 1960. In order that comparison may be made with earlier studies, and with the national statistics, the Scottish figures are considered separately. These four studies provide information on the age distribution of more than 71,000 patients with gonorrhoea, and on the country of origin of more than 70,000.

Sources of Data

161 clinics, in 126 towns and cities, participated in this study. 150 clinics were situated in 119 towns and cities in England and Wales and eleven in seven Scottish towns and cities. The 21,663 male and

5,912 female patients treated in the clinics of England and Wales included in the study comprised 81·0 per cent. of the male and 82·7 per cent. of the female national total (Table I).

TABLE I
PERCENTAGE OF NATIONAL COVERAGE

England and Wales	Sex	
	Male	Female
Cases included in Survey	21,663	5,912
Estimated Total for England and Wales	26,618	7,152
Percentage covered by Survey	81·0	82·7
Scotland	1,751	341
Total	23,414	6,253

Clinic Situation and Cases Treated

The clinics have been grouped according to the population of the towns or cities in which they are situated.

Table II shows the concentration of gonorrhoea in the larger cities and towns. The populations covered do not represent an accurate assessment of the situation, for a clinic may be situated in a town of relatively small size (*e.g.* Rochester—population 47,910) and yet serve a much larger area (*e.g.* Rochester deals with patients from Chatham, population 51,820, and Gillingham, population 77,590).

TABLE II
SITUATION OF CLINICS AND GONORRHOEA CASES TREATED

Area			Population Covered	No. of Towns or Cities	Clinics	Total Cases	Cases per Clinic	Cases per 1,000
England and Wales	London		8,270,430	1	21	13,398	638	1·6
	Towns and Cities	Over 500,000	3,048,500	4	8	5,802	726	1·9
		100,000 to 500,000	6,102,106	32	38	6,253	165	1·0
		50,000 to 100,000	2,379,850	35	35	1,363	39	0·6
		Under 50,000	1,368,744	47	48	759	16	0·6
	Total		21,169,630	119	150	27,575	184	1·3
Scotland			2,041,118	7	11	2,092	190	1·0

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However, the figures still appear to show that gonorrhoea is not only more prevalent in larger towns and cities because of the larger populations, but also that in these areas the incidence per thousand of the population is higher.

No less than 50 per cent. of the male gonorrhoea cases and 43·4 per cent. of the female cases were treated in the London clinics, while only 2·5 per cent. of the male and 3·5 per cent. of the female cases in England and Wales were treated in the 48 clinics situated in towns with a population of under 50,000 (Table III).

TABLE III
PERCENTAGE OF CASES TREATED BY DIFFERENT CLINICS
(England and Wales only)

Area	No. of Clinics	Sex			
		Male		Female	
		No.	Per cent.	No.	Per cent.
London	21	10,832	50·0	2,566	43·4
Towns and Cities	Over 500,000 ..	8	4,438	20·5	1,364
	100,000 to 500,000 ..	38	4,820	22·3	1,433
	50,000 to 100,000 ..	35	1,022	4·7	341
	Under 50,000 ..	48	551	2·5	208
Total	150	21,663	100·0	5,912	100·0

Male/Female Ratio

The overall male/female ratio for the cases in England and Wales was 3·7 : 1. This, from the point of view of control, was worst in London (4·2 : 1) and best (2·6 : 1) in the clinics situated in smaller towns where contacts may be easier to trace.

In the Scottish clinics the ratio was 5·1 : 1 (Table IV).

TABLE IV
MALE/FEMALE RATIO

Area				Sex		Male/ Female Ratio
				Male	Female	
England and Wales	London			10,832	2,566	4·2 : 1
	Towns and Cities	Over 500,000 ..	4,438	1,364	3·3 : 1	
		100,000 to 500,000 ..	4,820	1,433	3·4 : 1	
		50,000 to 100,000 ..	1,022	341	3·0 : 1	
		Under 50,000 ..	551	208	2·6 : 1	
	Total			21,663	5,912	3·7 : 1
Scotland				1,751	341	5·1 : 1

Racial Distribution

Males.—The racial distribution for male patients in England and Wales and in Scotland is shown in Table V.

TABLE V
RACIAL DISTRIBUTION OF MALE PATIENTS, 1960

Country of Origin	Scotland	England and Wales	
		No.	Per cent.
West Indies (Negro)	10	5,515	25·5
Africa (Negro)	17	699	3·2
Other Negro	2	101	0·5
Asia	18	1,184	5·5
Mediterranean	3	1,115	5·1
United Kingdom	1,635*	10,719	49·5
Eire	16	1,116	5·1
Other Europe	44	929	4·3
All Other Non-Negro	6	285	1·3
Total Cases	1,751	21,663	100·0

* 93·3 per cent.

In Scotland, 93·3 per cent. of the patients were born in the United Kingdom, whereas in England and Wales the figure was only 49·5 per cent. The next largest single group in England and Wales was that of the West Indians (25·5 per cent.) followed by approximately equal numbers (5·1–5·5 per cent.) of those born in Asia, the Mediterranean region, or in Eire. The remaining four groups accounted for less than 10 per cent.

The distribution of West Indians, those born in the United Kingdom, and those of other races, in relation to aggregation of population, is shown in Table VI (opposite).

In England and Wales, the percentage of West Indians was highest and of those born in the United Kingdom was lowest in London and the large cities. The reverse was the case in the smaller towns and also in Scotland, where the West Indians presented no problem in respect of venereal diseases.

That the West Indians are responsible for an increasing venereal disease problem in England and Wales is demonstrated by Table VII (opposite), in which the findings of this 1960 study are compared with those of previous studies undertaken by the British Cooperative Clinical Group.

Of the gonorrhoea patients treated in 1952, only 3·0 per cent. were West Indians, compared with 25·5 per cent. in 1960, even when allowance is made for the more restricted scope of the earlier surveys.

TABLE VI
RACIAL DISTRIBUTION OF MALE PATIENTS BY AREA OF CLINICS

Area			West Indies		Others		United Kingdom	
			No.	Per cent.	No.	Per cent.	No.	Per cent.
England and Wales	London		3,097	28·6	2,892	26·7	4,843	44·7
	Towns and Cities	Over 500,000	1,282	28·9	978	22·0	2,178	49·1
		100,000 to 500,000 ..	1,013	21·0	1,221	25·3	2,586	53·7
		50,000 to 100,000	104	10·2	220	21·5	698	68·3
		Under 50,000	19	3·5	118	21·4	414	75·1
Total		5,515	25·5	5,429	25·0	10,719	49·5	
Scotland			10	0·6	106	6·1	1,635	93·3

TABLE VII
COMPARISON WITH PREVIOUS STUDIES

Year of Survey			1952*	1954†	1955*	1958*	1960‡
No. of Clinics			84	35	84	101	150
Total Cases in Study			6,571	6,004	5,585	15,387	21,663
National Coverage ..	Total National Cases		15,510	13,962	14,079	22,398	26,618
	Per cent. National Coverage		42·4	43·0	39·7	68·7	81·0
West Indians in Study ..	No.		198	469	333	3,688	5,515
	Per cent.		3·0	7·8	5·9	24·0	25·5
London Only	No. of Cases		N.R.§	2,001	N.R.	7,257	10,832
	West Indians ..	No.	N.R.	216	N.R.	1,956	3,097
		Per cent.	N.R.	10·8	N.R.	27·0	28·6

* *Brit. J. vener. Dis.* (1960). 36, 233.

† *Brit. J. vener. Dis.* (1956). 32, 21.

‡ Present study.

§ N.R. = No Record.

Table VIII shows the results observed in twenty clinics in England and Wales in which most of the West Indians were treated. 61·1 per cent. of the total cases of gonorrhoea in males were treated at these twenty clinics but at the same time these clinics treated no less than 88·8 per cent. of the gonorrhoea in male West Indians.

The percentage of West Indians in thirteen of these clinics is compared with those in the 1954 Survey in Table IX (overleaf).

Only in five of these thirteen clinics had the proportion of West Indians increased since the 1954 survey. As the total number of West Indians has certainly increased, this possibly indicates that they are now more widely diffused.

Females.—The racial distribution for female patients in England and Wales and in Scotland is shown in Table X (overleaf).

In Scotland, 97·4 per cent. of the patients were born in the United Kingdom as was the large majority (83·0 per cent.) in England and Wales. The West Indians comprised a significantly smaller proportion of the female than the male patients, but

TABLE VIII
MALE WEST INDIAN PATIENTS DEALT WITH IN TWENTY CLINICS IN 1960 (England and Wales only)

Clinic	Total Cases	West Indians	
		No.	Per cent.
Huddersfield	240	193	80·4
Wolverhampton	181	134	74·0
Lewisham (St. John's)	97	51	52·6
Ipswich	89	43	48·3
London, Prince of Wales	233	108	46·4
Birmingham, General Hospital ..	1,339	619	45·6
Bristol, Maudlin Street	353	157	44·5
London, Stratford, Q. Mary's ..	129	57	44·2
London, St. Mary's	3,134	1,351	43·3
Nottingham	424	168	39·6
London, Royal Northern	877	342	39·0
London, Miller	146	50	34·2
Manchester, Royal Infirmary	342	114	33·3
Leeds, General Infirmary	600	191	31·8
London, Whitechapel Clinic	1,655	520	31·4
Uxbridge, Hillingdon	174	49	28·2
Sheffield, Royal Hospital	179	48	26·8
London, West London	940	226	24·0
Manchester, St. Luke's	1,127	243	21·6
London, St. Thomas's	986	201	20·4
Total Cases in 20 Clinics	13,245	4,865	36·7
Total in all 150 Clinics	21,663	5,515	25·5
Per cent. in the 20 Clinics	61·1	88·8	36·7
Per cent. in the Other 130 Clinics ..	38·9	11·2	7·7

TABLE IX
MALE WEST INDIANS WITH GONORRHOEA IN THIRTEEN
SELECTED CLINICS IN 1954 AND 1960

Clinic	Percentage West Indians		
	1954 Survey	1960 Survey	Increase or Decrease
Huddersfield	77.3	80.4	+ 3.1
Ipswich	48.0	48.3	+ 0.3
London, Prince of Wales	47.4	46.4	- 1.0
Birmingham, General Hospital	49.8	45.6	- 4.2
London, Stratford, Q. Mary's	57.5	44.2	- 13.3
London, St. Mary's	46.7	43.3	- 3.4
Nottingham	26.6	39.6	+ 13.0
Manchester Royal Infirmary	35.4	33.3	- 2.1
Sheffield Royal Infirmary	31.6	32.8	+ 1.2
Leeds General Infirmary	39.4	31.8	- 7.6
London, Whitechapel Clinic	26.7	31.4	+ 4.7
Sheffield, Royal Hospital	32.5	26.8	- 4.7
London, St. Thomas's	27.0	20.4	- 6.6

TABLE X
RACIAL DISTRIBUTION OF FEMALE PATIENTS, 1960

Place of Origin	Scotland	England and Wales	
		No.	Per cent.
West Indies (Negro)	—	466	7.9
Africa (Negro)	—	14	0.2
Other Negro	—	12	0.2
Asia	—	41	0.7
Mediterranean	2	52	0.9
United Kingdom	332*	4,905	83.0
Eire	6	275	4.7
Other Europe	1	121	2.0
All Other Non-Negro	—	26	0.4
Total Cases	341	5,912	100.0

* 97.4 per cent.

still were the next largest group (7.9 per cent.) followed by those born in Eire (4.7 per cent.). The remaining six groups accounted for less than 5 per cent.

The distribution of the West Indians, those born in the United Kingdom, and those of other races, in relation to aggregation of population, is shown in Table XI.

TABLE XI
RACIAL DISTRIBUTION OF FEMALE PATIENTS BY AREA OF CLINICS

Area			West Indies		Other		United Kingdom	
			No.	Per cent.	No.	Per cent.	No.	Per cent.
England and Wales	London		318	12.4	358	13.9	1,890	73.7
	Towns and Cities	Over 500,000	84	6.2	89	6.5	1,191	97.3
		100,000 to 500,000	60	4.2	58	4.0	1,315	91.8
		50,000 to 100,000	4	1.2	25	7.3	312	91.5
		Under 50,000	—	—	11	5.3	197	94.7
	Total		466	7.9	541	9.1	4,905	83.0
Scotland		—	—	9	2.6	332	97.4	

Even more than was the case with the males, the West Indian female patients were concentrated in London (where the proportion of United Kingdom patients was least) and in the larger cities. In fact, only four West Indian females were treated in the 83 clinics of England and Wales with a population under 100,000 and in all the eleven Scottish clinics combined.

Nevertheless, when the data of the present study are compared with those of previous studies, it is evident that (as in the males) the proportion of West Indian female patients with gonorrhoea has risen significantly during recent years (Table XII), after allowance has been made for the more restricted scope in the earlier surveys.

TABLE XII
COMPARISON WITH PREVIOUS STUDIES (Females)

Year of Survey		1952*	1954†	1955*	1958*	1960‡
No. of Clinics		84	35	84	101	150
Total Cases in Study		1,471	1,153	1,589	3,054	5,912
National Coverage	Total National Cases	3,585	3,574	3,766	5,489	7,152
	Per cent. National Coverage	41.0	32.3	42.2	55.6	82.7
West Indians in Study	No.	7	14	17	181	466
	Per cent.	0.5	1.2	1.1	5.9	7.9

* *Brit. J. vener. Dis.* (1960). 36, 233.

† *Brit. J. vener. Dis.* (1956). 32, 21.

‡ Present study.

Age Groups

In the present study only three age groups were recorded: viz. 15–19 years, 20–24 years, and all others. This was because the earlier studies had shown that fluctuations were more likely to be evident in those aged 15–24 years than later, and

TABLE XIII
AGE GROUPS OF MALE CASES BY AREA OF CLINICS

Area			Age Group (yrs)					
			15-19		20-24		Others	
			No.	Per cent.	No.	Per cent.	No.	Per cent.
England and Wales	London		619	5.7	3,171	29.3	7,042	65.0
	Towns and Cities	500,000 plus	262	5.9	1,390	31.3	2,786	62.8
		100,000 to 500,000	348	7.2	1,419	29.4	3,053	63.4
		50,000 to 100,000	69	6.8	325	31.8	628	61.4
		Under 50,000	87	15.8	211	38.3	253	45.9
	Total		1,385	6.4	6,516	30.1	13,762	63.5
Scotland			134	7.7	568	32.4	1,049	59.9

that the numbers of patients aged 14 years and under were insignificant.

Males.—The age groups for males are arranged according to the situation of the clinic in Table XIII. In England and Wales 6.4 per cent. of cases occurred in those aged 15-19 years, 30.1 per cent. in those aged 20-24 years, and 63.5 per cent. in those aged 25 years and over. There is some indication that relatively more males aged 15-19 years were treated for gonorrhoea in the smaller towns, but the figures for the towns of 50,000 inhabitants or less are perhaps too small for this to be statistically convincing.

It is possible to compare fairly accurately the age-group figures for 1960 with those for the years 1957 and 1958, in which the numbers of participating clinics and the percentage of the national coverage closely resembled those in the present study (Table XIV).

TABLE XIV
AGE GROUPS OF MALE CASES COMPARED WITH PREVIOUS STUDIES
(England and Wales only)

Year of Survey					1957*	1958*	1960†
No. of Clinics					148	148	150
Total Cases in Study					15,308	17,404	21,663
National Coverage			Total National Cases Per cent. National Coverage		19,620 78.0	22,398 77.7	26,618 81.0
Age Groups (yrs)	No. ..	15-19	828	1,058	1,385		
		20-24	4,171	4,853	6,516		
		Others	10,309	11,493	13,762		
	Per cent.	15-19	5.5	6.1	6.4		
		20-24	27.2	27.8	30.1		
		Others	67.3	66.1	53.5		

* *Brit. J. vener. Dis.* (1960), 36, 216.

† Present study.

There is a steady rise in the proportion of cases

in young men, and this is seen more clearly in Table XV, which shows a 67.3 per cent. increase between 1957 and 1960 in youths aged 15-19 years, a 56.2 per cent. increase in men aged 20-24 years, but only a 33.5 per cent. increase in the other age groups.

TABLE XV
PERCENTAGE INCREASE IN GONORRHOEA BETWEEN 1957 AND 1960 IN MALES, BY AGE GROUPS
(England and Wales only)

Year of Survey ..		1957	1960	Difference	Per cent. Increase
Age Group (yrs)	15-19 ..	828	1,385	+ 557	67.3
	20-24 ..	4,171	6,516	+ 2,345	56.2
	Others ..	10,309	13,762	+ 3,453	33.5
Total Cases		15,308	21,663	+ 6,355	41.5

Females.—The age groups for females are arranged according to the situation of the clinic in Table XVI (overleaf). A higher proportion of females was found in the younger age groups than of males; and as with the males, a higher proportion of those in the younger age groups was found in the smaller towns.

In Table XVII (overleaf) the findings of the present study are compared with those of the earlier surveys in which the numbers of participating clinics and the percentage of the national coverage were similar.

As with the males, there is a significant and steady rise in the proportion of cases of gonorrhoea in young girls, and this is seen more clearly in Table XVII (overleaf), which shows that between 1957 and 1960 there was a 65.4 per cent. increase in girls aged 15-19 years, a 60.9 per cent. increase in women aged 20-24 years, but only an 18.0 per cent. increase in the other age groups.

TABLE XVI
AGE GROUPS OF FEMALE CASES BY AREA OF CLINICS

Area			Age Group (yrs)					
			15-19		20-24		Others	
			No.	Per cent.	No.	Per cent.	No.	Per cent.
England and Wales	London		676	26.3	1,030	40.1	860	33.6
	Towns and Cities	Over 500,000	353	25.9	515	37.7	496	36.4
		100,000 to 500,000	331	23.1	496	34.6	606	42.3
		50,000 to 100,000	113	33.1	107	31.4	121	35.5
		Under 50,000	80	38.5	68	32.7	60	28.8
	Totals		1,553	26.3	2,216	37.5	2,143	36.2
Scotland			80	23.5	162	47.5	99	29.0

TABLE XVII

AGE GROUPS OF FEMALE CASES COMPARED WITH PREVIOUS STUDIES (England and Wales only)

Year of Survey					1957*	1958*	1960 †
No. of Clinics					148	148	150
Total Cases in Study					4,132	4,727	5,912
National Coverage		Total National Cases Per cent. National Coverage			4,761 86.8	5,489 86.1	7,152 82.7
Age Groups (yrs)	No. ..	15-19	939	1,118	1,553		
		20-24	1,377	1,654	2,216		
		Others	1,816	1,955	2,143		
	Per cent.	15-19	22.7	23.5	26.3		
		20-24	33.3	35.0	37.5		
		Others	44.0	41.3	36.2		

* *Brit. J. vener. Dis.* (1960), 36, 216.

† Present study.

TABLE XVIII

PERCENTAGE INCREASE IN GONORRHOEA BETWEEN 1957 AND 1960, IN FEMALES, BY AGE GROUPS (England and Wales only)

Year of Survey		1957	1960	Difference	Per cent. Increase
Age Group (yrs)	15-19	939	1,553	+ 614	+ 65.4
	20-24	1,377	2,216	+ 839	+ 60.9
	Others	1,816	2,143	+ 327	+ 18.0
Total Cases		4,132	5,912	+ 1,780	+ 43.1

Influence of the West Indian Population

An attempt has been made to determine whether there is any link between the two significant problems: (a) the increasing numbers of male West Indians with gonorrhoea and (b) the increasing numbers of young persons, especially females, with gonorrhoea. The age distribution of females with gonorrhoea in the twenty clinics in which 88.8 per cent. of male West Indians with gonorrhoea were treated, is shown in Table XIX.

TABLE XIX

AGE GROUPS OF FEMALE CASES DEALT WITH IN THE TWENTY CLINICS WITH THE HIGHEST PROPORTION OF MALE WEST INDIAN PATIENTS WITH GONORRHOEA (England and Wales only)

Clinic	Age Groups (yrs)				
	15-19	20-24	Others	Total Cases	Per cent. 15-19
Huddersfield	10	14	13	37	27.0
Wolverhampton	2	10	22	34	5.9
Lewisham (St. Johns) ..	3	9	7	19	15.8
Ipswich	19	20	27	66	28.8
London, Prince of Wales ..	20	26	34	80	25.0
Birmingham, General Hospital	96	135	127	358	26.8
Bristol, Maudlin Street ..	42	58	72	172	24.4
London, Stratford, Q. Mary's	7	18	9	34	20.6
London, St. Mary's ..	190	346	257	793	24.5
Nottingham	22	46	68	136	16.2
London, Royal Northern ..	39	75	89	203	19.3
London, Miller	15	14	17	46	32.6
Manchester Royal Infirmary	91	126	149	366	19.2
Leeds General Infirmary ..	66	70	64	200	33.0
London, Whitechapel Clinic	136	159	158	453	30.0
Uxbridge, Hillingdon ..	11	15	7	33	33.3
Sheffield Royal Hospital ..	7	15	19	41	17.1
London, West London ..	50	69	76	195	25.6
Manchester, St. Luke's ..	91	126	149	366	24.9
London, St. Thomas's ..	50	94	108	252	19.8
Total Cases in 20 Clinics ..	967	1,445	1,472	3,884	24.9
Total in All 150 Clinics ..	1,553	2,216	2,143	5,912	26.3
Per cent. in the 20 Clinics	62.3	65.2	68.7	65.7	62.3
Per cent. in the Other 130 Clinics	37.7	34.8	31.3	34.3	37.7

These twenty clinics dealt with 65.7 per cent. of the national total of gonorrhoea cases in females, and the proportion of girls aged 15-19 years (24.9 per cent.) was slightly lower than the national average (26.3 per cent.). Moreover, the same clinics dealt with a greater proportion of those aged 25 and over than of those in the younger age groups.

Conversely, the other 130 clinics not listed dealt with a higher proportion of the younger than of the older patients.

The figures in this study thus show no increase in the proportion of female gonorrhoea patients aged 15–19 years in the twenty clinics in which the proportion of male West Indian patients was highest.

Summary

- (1) In this, the fourth study of gonorrhoea made by the British Cooperative Clinical Group, the country of origin of 23,414 male and 6,253 female patients with gonorrhoea treated in 161 clinics in England and Wales and in Scotland in 1960 was considered.
- (2) 21,663 male cases and 5,912 female cases came from 150 clinics in England and Wales, and these represented 81.0 and 82.7 per cent. respectively, of the national totals.
- (3) It was observed, in the larger cities, not only that gonorrhoea was more prevalent because of the greater population but also that incidence per thousand of the population was higher; 50 per cent. of cases of gonorrhoea in males and 43.4 per cent. in females were treated in the London clinics.
- (4) The overall male/female ratio in England and Wales was 3.7 : 1, being lowest in the smaller towns (2.6 : 1) and greatest in London (4.2 : 1). The ratio was higher still in Scotland (5.1 : 1).
- (5) In the clinics of England and Wales, only 49.5 per cent. of the male patients had been born in the United Kingdom, West Indians comprising the next largest group (25.5 per cent.). In cities with more than 500,000 population, the proportion of West Indians exceeded 28 per cent., but in towns with under 50,000 population it was only 3.5 per cent., and in Scotland, where those born in the United Kingdom comprised 93.3 per cent. of the total, it was only 0.6 per cent. A comparison with previous studies showed that in England and Wales there had been a steady rise in the proportion of West Indians amongst males with gonorrhoea (from 3.0 per cent. in 1952 to 25.5 per cent. in 1960).
- (6) 83 per cent. of the females with gonorrhoea in England and Wales were born in the United Kingdom. The West Indian females accounted for 7.9 per cent., a much lower proportion than the West Indian males, but still formed the second largest group. Only four West Indian female gonorrhoea patients were encountered in the 83 clinics in England and Wales in towns or cities with a population under 100,000 and in all the eleven Scottish clinics combined. A comparison

with previous studies showed a steady rise in the proportion of West Indians among the female patients with gonorrhoea in England and Wales (from 0.5 per cent. in 1952 to 7.9 per cent. in 1960).

- (7) The age-group studies tended to show a greater proportion of gonococcal infections in young persons of both sexes in the smaller towns than in the larger cities: 6.4 per cent. of the male patients in England and Wales were 15–19 years old and 36.5 per cent. were 15–24 years old; 26.3 per cent. of the female patients were 15–19 years old and no less than 63.8 per cent. were 15–24 years old.
- (8) A comparison with earlier studies showed that a significant increase in gonorrhoea in young persons had occurred since 1957. There had been a 65.4 per cent. increase in female patients aged 15–19 years and a 60.9 per cent. increase in those aged 20–24 years, compared with an increase of only 18.0 per cent. in the other age groups (Table XVIII). Comparable figures for male patients are 67.3, 56.2, and 33.5 (Table XV).
- (9) Twenty selected clinics are listed in which 88.8 per cent. of the male West Indians with gonorrhoea were treated in 1960. These twenty clinics dealt with 61.1 per cent. of the national total of male gonorrhoea patients and 62.3 per cent. of the national total of female patients. However, in these twenty clinics, the proportion of cases of gonorrhoea in young girls was slightly lower than the average and the proportion in the higher age groups was greater than in the remaining 130 clinics.

APPENDIX

161 CLINICS PARTICIPATING IN STUDY

LONDON (*Population* 8,270,430)—21 CLINICS:

Albert Dock; Central Middlesex; Clapton (Salvation Army); Croydon; Endell Street; Guy's; Miller; Prince of Wales; Queen Mary's, Stratford; Royal Free; Royal Northern; Seamen's, Greenwich; South London Hospital for Women; St. Bartholomew's; St. John's, Lewisham; St. Helier, Carshalton; St. Mary's; St. Thomas's; West London; West Middlesex; Whitechapel Clinic.

CITIES WITH POPULATIONS EXCEEDING 500,000 (*Four Cities—Total population* 3,048,500)—8 CLINICS:

Birmingham, Leeds, Liverpool (4), Manchester (2).

TOWNS AND CITIES WITH POPULATIONS BETWEEN 100,000 and 500,000 (*32 Towns and Cities—Total population* 6,102,106)—38 CLINICS:

Birkenhead, Blackburn, Blackpool, Bournemouth, Bradford, Brighton, Bristol (4), Cardiff (2), Coventry,

Derby, Huddersfield, Hull, Ipswich, Middlesbrough, Newcastle, Newport (Mon.), Norwich, Nottingham, Oldham, Portsmouth, Preston, St. Helens, Sheffield (2), Southampton, South Shields (2), Sunderland, Stockport, Stoke-on-Trent, Swansea, Wallasey, Walsall, Wolverhampton.

TOWNS AND CITIES WITH POPULATIONS BETWEEN 50,000 and 100,000 (35 Towns or Cities—Total population 2,379,850)—35 CLINICS:

Ashton-under-Lyne, Barnsley, Bath, Burnley, Bury, Carlisle, Cheltenham, Chester, Chesterfield, Colchester, Crewe, Darlington, Dewsbury, Dudley, Exeter, Guildford, Gloucester, Great Yarmouth, Halifax, Keighley, Lincoln, Maidstone, Nuneaton, Rochdale, Rotherham, Southport, Stockport, Torquay, Uxbridge, Wakefield, Warrington, Watford, West Hartlepool, Woking, Worthing.

TOWNS AND CITIES WITH POPULATIONS BELOW 50,000 (47 Towns or Cities—Total population 1,368,744)—48 CLINICS:

Aberystwyth, Aldershot, Ashford (Kent), Bangor (2), Barnstaple, Barry, Bishops Cleeve, Boston, Bridge-water, Bury St. Edmunds, Canterbury, Chelmsford, Dartford, Dorchester, Dover, Durham, Falmouth, Ffestiniog, Gravesend, Lancaster, Leamington, Llandudno, Lowestoft, Macclesfield, Margate, Newport (I.O.W.), Penzance, Pontypridd, Port Talbot, Pwllheli, Redhill, Redruth, Rochester, Rugby, Skegness, St. Albans, St. Asaph, St. Austell, Stafford, Taunton, Tunbridge Wells, Truro, Weston-super-Mare, Weymouth, Whitehaven, Winchester, Wrexham.

SCOTLAND (7 Towns or Cities—Total population 2,041,118) 11 CLINICS:

Aberdeen, Dumfries, Dundee, Edinburgh (4), Greenock, Glasgow (2), Kirkcaldy.

Notes: These population figures refer to the total populations of the towns or cities in which the clinics are situated, notwithstanding that each clinic may serve a much larger neighbouring population.

Two returns gave age groups only. As these were the only incomplete returns received it was decided to omit them from the survey.

**Groupe Médical Coopératif Britannique
Enquête sur la blennorrhagie, 1960**

RÉSUMÉ

(1) Au cours de cette quatrième enquête, on a étudié le pays d'origine de 23.414 hommes et 6.253 femmes atteints de blennorrhagie qui ont fréquenté 161 cliniques des maladies vénériennes en Angleterre, au Pays de Galles, et en Écosse pendant l'année 1960.

(2) 21.663 hommes et 5.912 femmes ont été traités dans 150 cliniques en Angleterre et au Pays de Galles; ces chiffres comprennent 81,7% du taux national des hommes et 82,9% du taux national des femmes.

(3) On nota que les cas de blennorrhagie furent plus nombreux dans les plus grandes villes, non seulement à cause de la plus grande population, mais aussi parce que le nombre de cas sur mille habitants fut plus élevé. 50% parmi les hommes et 43,4% parmi les femmes se trouvaient à Londres.

(4) Le rapport hommes/femmes en Angleterre et au Pays de Galles était 3,7; 1; ce rapport était le plus bas dans les petites villes (2,6; 1) et le plus grand à Londres (4,2; 1). En Écosse le rapport était encore plus grand (5,1; 1).

(5) Dans les cliniques d'Angleterre et du Pays de Galles seulement 49,5% des hommes étaient nés au Royaume-Uni, et 25,5% aux Indes Occidentales. Dans les grandes villes avec plus de 500.000 habitants, la proportion de malades mâles des Indes Occidentales était plus de 28%, mais dans les petites villes avec moins de 50.000 habitants ce n'était que 3,5%, et en Écosse (où 93,3% des malades étaient nés au Royaume-Uni) c'était 0,6%.

Quand on compare ces chiffres avec ceux des enquêtes précédentes, on remarque une augmentation constante de la proportion des hommes atteints de blennorrhagie qui sont venus des Indes Occidentales en Angleterre et au Pays de Galles (de 3,0% en 1952 à 25,5% en 1960).

(6) 83% des femmes atteintes de la blennorrhagie en Angleterre et au Pays de Galles étaient nées au Royaume-Uni, et 7,9% sont venues des Indes Occidentales (contre 0,5% en 1952).

Il y avait seulement 4 femmes immigrantes pour 94 cliniques—83 dans les villes avec moins de 100.000 habitants en Angleterre et au Pays de Galles, et 11 en Écosse.

(7) L'enquête sur l'âge des malades indique que la fréquence de la blennorrhagie est plus grande chez les jeunes gens de chaque sexe dans les petites villes que dans les grandes cités; 6,4% des malades masculins en Angleterre et au Pays de Galles avaient 15–19 ans et 36,5% avaient 15–24 ans; 26,3% des malades féminins avaient 15–19 ans, et jusqu'à 63,8% avaient 15–24 ans.

(8) Quand on compare ces données avec les enquêtes précédentes, on remarque une grande augmentation dans les cas de blennorrhagie chez les jeunes gens depuis 1957. Il y avait une augmentation de 65,4% chez les jeunes femmes de 15–19 ans et de 60,9% chez celles de 20–24 ans, tandis que l'augmentation n'était que 18,0% chez celles de 25 ans et plus (Table XVIII). Les chiffres comparables pour les hommes sont 67,3; 56,2; and 33,5% (Table XV).

(9) On indique 20 cliniques choisis en lesquels étaient traités 88,8% des hommes des Indes Occidentales atteints de la blennorrhagie en 1960. Ces 20 cliniques ont traité 61,1% du taux national des cas de blennorrhagie masculins et 62,3% du taux national des femmes. Cependant, dans ces 20 cliniques, les cas chez les jeunes femmes étaient un peu moins que le moyen et ceux chez les femmes plus âgées étaient plus nombreux que dans les autres 130 cliniques.